

PRELIMINARY KEY REQUEST FORM

Last Name:	Full Legal First Name and Middle Initial:		
CSU ID Number:	Email:		
Your Office Room Number:	Your Office Phone Number:		
Room Number of Metal Keys You Are Requesting:			
Key Card Clearance You Are Requesting: <table style="width:100%;"> <tr> <td style="width:50%; vertical-align: top;"> <input type="checkbox"/> Chemistry CIF B115 XRD* <input type="checkbox"/> Chemistry CIF B2 600 NMR* <input type="checkbox"/> Chemistry CIF Basement Main Lab* <input type="checkbox"/> Chemistry CIF C3A Magnetic Properties Lab* <input type="checkbox"/> Chemistry CIF C3E 500 NMR* <input type="checkbox"/> Chemistry CIF C4 XPS/XRD Lab* <input type="checkbox"/> Chemistry CIF Yates 101 Imaging* <input type="checkbox"/> Chemistry Graduate Student <input type="checkbox"/> Chemistry Main Lobby Entry <input type="checkbox"/> Chemistry Postdoctoral Fellow <input type="checkbox"/> Other _____ </td> <td style="width:50%; vertical-align: top;"> <input type="checkbox"/> Chemistry RB 1st Floor (includes RB Building Entry) <input type="checkbox"/> Chemistry RB 2nd Floor (includes RB Building Entry) <input type="checkbox"/> Chemistry RB 3rd Floor (includes RB Building Entry) <input type="checkbox"/> Chemistry RB 4th Floor (includes RB Building Entry) <input type="checkbox"/> Chemistry RB 204N Radiation Room <input type="checkbox"/> Chemistry RB Building Entry <input type="checkbox"/> Chemistry RB CIF 109 Main Lab* <input type="checkbox"/> Chemistry RB CIF 204L SCD* <input type="checkbox"/> Other _____ </td> </tr> </table>		<input type="checkbox"/> Chemistry CIF B115 XRD* <input type="checkbox"/> Chemistry CIF B2 600 NMR* <input type="checkbox"/> Chemistry CIF Basement Main Lab* <input type="checkbox"/> Chemistry CIF C3A Magnetic Properties Lab* <input type="checkbox"/> Chemistry CIF C3E 500 NMR* <input type="checkbox"/> Chemistry CIF C4 XPS/XRD Lab* <input type="checkbox"/> Chemistry CIF Yates 101 Imaging* <input type="checkbox"/> Chemistry Graduate Student <input type="checkbox"/> Chemistry Main Lobby Entry <input type="checkbox"/> Chemistry Postdoctoral Fellow <input type="checkbox"/> Other _____	<input type="checkbox"/> Chemistry RB 1 st Floor (includes RB Building Entry) <input type="checkbox"/> Chemistry RB 2 nd Floor (includes RB Building Entry) <input type="checkbox"/> Chemistry RB 3 rd Floor (includes RB Building Entry) <input type="checkbox"/> Chemistry RB 4 th Floor (includes RB Building Entry) <input type="checkbox"/> Chemistry RB 204N Radiation Room <input type="checkbox"/> Chemistry RB Building Entry <input type="checkbox"/> Chemistry RB CIF 109 Main Lab* <input type="checkbox"/> Chemistry RB CIF 204L SCD* <input type="checkbox"/> Other _____
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*CIF Staff approval is required for ALL CIF clearances PRIOR to form submission.			
<div style="border: 2px solid black; padding: 5px; display: inline-block;">CIF STAFF APPROVAL</div>			
CSU Affiliation: <input type="checkbox"/> Faculty <input type="checkbox"/> Postdoc <input type="checkbox"/> Staff <input type="checkbox"/> Graduate Student (If non-Chemistry, Department _____) <input type="checkbox"/> Other _____	FOR OFFICE USE ONLY <div style="border: 2px solid black; padding: 10px; display: inline-block; width: 80px;">CLU</div> FINAL APPROVAL		
<div style="background-color: yellow; border: 1px solid black; padding: 2px; display: inline-block;">RETURN FORM TO CINDY UNGERMAN, ROOM B303</div>			

Date

Signature AND Printed Name of Faculty Advisor, Supervisor, or Responsible Party

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